Dear Clerck,

T've enclosed two of nry last my legal-1983 form.

APR - 9 2008
US DISTRICT COURT DISTRICT OF DELAWAPE

Case 1:08-cv-00173-JJF Document 9								
	0 114 (147)	INFORMATION STATE OF THE STATE		Meximon	Juches	PAYMENT RECEIVED FOR PATIENT NAME OR EMPLOYEE NAME 17-35		Receipt Nº 155958
B :	20 00					PATIENT OR EMPLOYEE NO. 36-40		DELAWAI
By:	Board From	Total Amount Received				INSURANCE CODE 42-43	RECEIPT	RE PSYC New Castl
	- 1			80011	11 018	FUND CODE 45-49		DELAWARE PSYCHIATRIC CENTER New Castle, Delaware
	Psychiatric Center	ps. 04		18.12	25,70	AMOUNT 50-58		
	Posted By Verified By IBM Accounting	This Block For Accounting and IBM ONLY		77	77	DESCRIPTION OR CHARGE		Date: 3-25-08

DEPARTMENT OF HEALTH and SOCIAL SERVICES PATIENTS PERSONAL EFFECTS RECEIPT

Facility:		Date				
Name		Activity:				
Sent or Left by	/ 					
Relationship						
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Quan.	DESCRIPTION					

F	Received and Recorded at C	ENTRAL CLOTHING SUPPLY				
Ву		Date				
	Received at	Bldg. or Ward				
Ву		Date				
DHSS-OAS-017	9/69 Supersedes (352	, 352S) Doc. Con. No.: 35-06-002-78-09-19				

